

CreditAllianceGroup
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CreditAllianceGroup
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Phone: (213) 236-3660
Fax: (213) 236-3501



CreditAllianceGroup
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31st Floor
Chicago, Illinois 60611
Phone: (213) 236-3660
Fax: (213) 236-3501



CreditAllianceGroup
1717 Main Street
58th Floor
Dallas, Texas 75201
Phone: (214) 329-4952
Fax: (214) 760-1554



FDIC Insured Escrow Account

PRIMARY ACCOUNT SIGNER

First Name: _____ Last Name: _____

Street Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Drivers' License Number/ID: _____ State Issued: _____ Expire Date: _____

Social Security Number: _____ DOB: _____

Mother's Maiden Name: _____

Employer: _____

SECONDARY ACCOUNT SIGNER

First Name: _____ Last Name: _____

Street Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Drivers' License Number/ID: _____ State Issued: _____ Expire Date: _____

Social Security Number: _____ DOB: _____

Mother's Maiden Name: _____

Employer: _____





Creditor Details

Creditor 1:		Creditor 2:	
Creditor Name:		Creditor Name:	
Account #:		Account #:	
Phone #:		Phone #:	
Creditor 3:		Creditor 4:	
Creditor Name:		Creditor Name:	
Account #:		Account #:	
Phone #:		Phone #:	
Creditor 5:		Creditor 6:	
Creditor Name:		Creditor Name:	
Account #:		Account #:	
Phone #:		Phone #:	
Creditor 7:		Creditor 8:	
Creditor Name:		Creditor Name:	
Account #:		Account #:	
Phone #:		Phone #:	
Creditor 9:		Creditor 10:	
Creditor Name:		Creditor Name:	
Account #:		Account #:	
Phone #:		Phone #:	
Creditor 11:		Creditor 12:	
Creditor Name:		Creditor Name:	
Account #:		Account #:	
Phone #:		Phone #:	
Creditor 13:		Creditor 14:	
Creditor Name:		Creditor Name:	
Account #:		Account #:	
Phone #:		Phone #:	

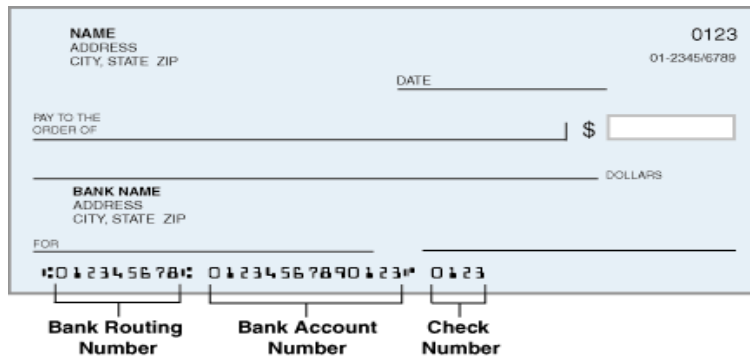


Financial Institution: _____

Routing Number: _____

Account Number: _____

Monthly Payment Date _____



Financial Institution: **Comerica Bank**

Routing Number: **111000753**

Account Number: **To Be Assigned**

Electronic Funds Transfer Authorization Acknowledgement. As a duly authorized check signer on the financial institution accounts identified above. I/We authorize CAG to perform electronic funds debits/credits from my/our accounts identified above for monthly payments due. I understand a escrow account through Comerica Bank will be opened solely in my name only for the purpose of depositing drafts or administer settlement payment(s) to your creditors enrolled and CAG fees. Comerica Bank will send your Comerica Bank Welcome Package that contains your account and contact information. I/We understand and authorize all of the above as evidenced by my/our signature below.

Client Signature _____ Date _____

Limited Power of Attorney

I _____ as the Principle(s) have the right and as such appoint CAG (hereinafter know as "Attorney In Fact") has full power and authority to perform each and every act which may intercede and/or intervene and/or negotiate, the settlement of any and all of my enrolled creditor claims, liens, judgment, and/or disputes. Be it further known and understood that I/We consider the failure of any creditor, third party agent (collection agent or member of the bar) to recognize the Power of Attorney to intentionally be acting to interfere with my/our prospective contractual advantage, which may be legally actionable in tort.

NOTICE:

1. In accordance with the section 805(B) of the Fair Debt Collection Act, 15 U.S.C 1692c, I/We hereby authorize all future communications from any all government agencies, creditors, collection, agents, attorneys, credit bureaus, or any other third parties to be directed to the "Attorney In Fact", stated above.
2. In accordance with the 805(C) of The Fair Debt Collection Act, 15 U.S.C 1692c, the recipient of an original, photocopy or facsimile of this document is specifically instructed by me/us in any manner whatever and to direct all future communications to the designated "Attorney In Fact" stated above.
3. I/We appoint "Attorney In Fact" to disclose, talk about, communicate about, convey documents to and to otherwise provide to and disclose as information concerning any payable, debt, account, lien, suit, or judgment for which I/We are allegedly responsible, disputed or otherwise.
4. The recipient of this Limited Power of Attorney Form, whether by original, photocopy or facsimile, is specifically instructed by the undersigned Principal(s) to contact the designated "Attorney In Fact" at the addresses set forth below; in addition, under the general laws under the Fair Debt Collection Practice Act, and the Fair Credit Reporting Act, as a creditor or third party agent of a creditor, you do not have the ability to refuse to work with my/our designated "Attorney In Fact", for such would constitute a refusal to work with me/us. If you so choose, you do so at your own risk.
5. Federal ESIGN (Electronic Signatures in Global and National Commerce Act) Legislation which was enacted in 2000 and states that "electronic contracts should be treated like any other contract under ordinary contract law" This legislation gives online signing the same legal effect as pen-and-ink. The law states that a contract or signature may not be denied legal effect, validity, or enforceability solely because it is in electronic form.

"Attorney in Fact"
CreditAllianceGroup
Phone: (866) 543-9073

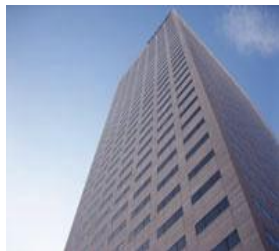
Client Signature _____ Date _____



Three Day Right of Rescission Clause

Within this period, you can legally terminate the agreement signed with CAG without any form of penalty. The 3 full days begin the day after you sign your enrollment document and do not include Sundays and federal holidays. However, they do include every other day, including Saturday.

If you wish to enforce the Three Day Right of Rescission and terminate your signed Enrollment Document with CreditAllianceGroup please call (866) 454-5044 or sign and date if you choose you can mail the notice to any of our locations below, it must be postmarked by the rescission deadline. It must also be known that during these 3 days, CreditAllianceGroup will not contact your creditors.



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